

522.023 and 559.004)

Section 1 - Personnel Data TYPE OR PRINT IN BLACK INK

## Texas Department of State Health Services EMS Certification & Licensing Group



## Volunteer Sign-off

Last Name	First Name	Middle name
Social Security Number* or Texas EMS I	(	*Disclosure of your social security number is mandatory under Family Code, Chapter 232. All information given on this application is considered public record, with the exception of social security number.
Address:		
City	State	Zip
Home Phone	Business Phone	Date of Birth
We cannot process your certification/	license due to the following deficiency.	
You are claiming exempt status and we do not have a signed volunteer statement from the administrator of the licensed provider or registered first responder with which you volunteer. Please have your administrator complete the volunteer statement below.		
To become eligible for certification yo completed form by mail or fax.	u must correct all deficiencies and con	nplete all certification/license requirements and return this
	ealth Services, EMS Certification & Licens 03, PO BOX 149347, Austin, TX 78714-9 714	
If you have recently submitted this inform regarding certification/license requirement		nay contact certification staff at 512-834-6700 if you have questions
Section 2-Volunteer Sign-off- This section MUST be completed by EMS Firm Administrator		
licensed emergency medical services pro services. Additionally, to the best of my k compensation***, other than reimbursem	ovider or a DSHS registered first responde mowledge, this candidate does not provide tent as described below. I have explained	les emergency medical care for our organization, which is a DSHS er organization, and does not receive compensation*** for providing these e emergency care for any other organization in return for to the candidate that if during the certification period, they begin to inization, the exemption is inapplicable and they are required to send a
***Compensation does not include reimb volunteering.	ursement for actual expenses for medical	supplies, gasoline, clothing, meals and insurance incurred while
Signature of Administrator		Print name
FIRM/ORGANIZATION NAME/ CITY		
TX DSHS FIRM/REGISTRATION NUMBER AND EXPIRATION DATE		PHONE

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <a href="http://www.dshs.state.tx.us">http://www.dshs.state.tx.us</a>. For more information on Privacy Notification. (Reference: Government Code, Section 522.021,